

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/20/03.

I. DISPUTE

Whether there should be additional reimbursement for E0236, E1399, and E0114.

II. FINDINGS

The respondent reduced payment for the durable medical equipment based upon “M-Reduced to fair and reasonable” and “F-Fee guideline MAR reduction”.

III. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
03/24/03	E0236	\$494.00	\$423.19	M	DOP	The 1996 MFG General Instructions GR III Durable Medical Equipment GR VIII & IX Section 413.011 (b)	The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$70.81 is recommended.
	E1399	\$75.00	\$68.23	M	DOP		The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$6.77 is recommended.
	E1399	\$155.00	\$42.50	M	DOP		The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$112.50 is recommended.
	E0114	\$110.00	\$31.50	F	DOP		The respondent inappropriately denied the service using “F” denial code for a service/item that has no MAR. The requestor provided redacted EOBs that support amount billed is fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$78.50 is recommended.
Totals							The Requestor is entitled to reimbursement of \$268.58.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$268.58**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$268.58** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this this 30th day of April 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

LLC/lc